

**CEBT
VISION BENEFITS**
(Effective July 1, 2013)

ELIGIBLE EXPENSES:

Exam – once every calendar year
Lenses – once every two calendar years*
Frames – once every two calendar years

The plan will only cover 1 set of lenses.

Vision care must be provided by an optometrist or doctor.

*If prescription changes, then lenses are eligible for once per calendar year.

VISION CARE TABLE

Coverage	Benefit
Complete Eye Exam (Including refraction)	\$ 75.00
Lenses, per pair	
Single	\$ 75.00
Bifocal	\$100.00
Trifocal	\$150.00
Lenticular	\$125.00
Contacts, telescopic lenses, subnormal vision aids	\$205.00
Contacts, cosmetic purposes	\$125.00
Frames	\$100.00

EXCLUSIONS: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.
02/04/2013